

Dr Joseph L Practice

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Are services caring?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Joseph L Practice on 20 September 2016 where the practice was rated as good overall. However the practice was found to be requires improvement for providing caring services and for the population group people with long term conditions. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Dr Joseph L Practice on our website at www.cqc.org.uk.

This announced desk based review was carried on 20 July 2017 to confirm that the practice had made the improvements required that were identified in our previous inspection on 20 September 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice remains rated as requires improvement for providing caring services.

Our key findings were as follows:

- The practice had improved the performance in some of the areas for patients with long term conditions.

- The practice could not show any improvement for the identification of carers.
- The practice had not responded to patient feedback. They had planned to conduct a survey in the practice. However, this had not taken place at the time of the review.
- The patient survey for 2017 showed some improvement. However there will still areas where the satisfaction was below local and national averages.
- The practice had introduced a system to monitor the use of prescription stationery.
- Patient Group Directives (PGDs) were available on the premises and signed accordingly.
- Infection control audits were clearly dated and that the action plan reflected action taken.

Therefore the provider must

Ensure there are systems or processes in place that to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

Summary of findings

- Review process and methods for identification of carers and the system for recording this to enable support and advice to be offered to those that require it.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services caring?

The practice remains rated as requires improvement for providing caring services.

- The practice had improved the performance in some of the areas for patients with long term conditions.
- The practice could not show any improvement for the identification of carers.
- The practice had not responded to patient feedback. They had planned to conduct a survey in the practice. However, this had not taken place at the time of the review.
- The patient survey for 2017 showed some improvement. However there will still areas where the satisfaction was below local and national averages. For example:
- 73% (previously in 2016 70%) of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.

However

- 75% (previously in 2016 79%) of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 86%.

Requires improvement



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

People with long term conditions

The practice is remains rated as requires improvement for the care of people with long-term conditions.

The practice performance for some long term conditions indicators was lower than the CCG and national average.

The published results from 2015/16 indicated the practice achieved 89% of the total number of points available compared with the CCG average of 94% and the national average of 95%. Exception reporting was 4.7% which was below the CCG and national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Unverified QOF for 2016/17 showed that the practice had improved on this and had achieved 93% of the total number of points available. Exception reporting was 6.38%.

However we looked specifically to see whether the data in relation to patients with long-term conditions had improved since our last inspection and we found;

- COPD indicators for 2015/16 were 81%. Unverified data for 2016/17 showed the practice had improved to 97%. Exception reporting was 11.2%.
- Diabetes indicators for 2015/16 were 72%. Unverified data for 2016/17 showed this had remained at 72%. Exception reporting was 6.4%.
- Hypertension indicators for 2015/16 were 89%. Unverified data for 2016/17 showed a reduction to 87%. Exception reporting was 2.2%.
- Mental health indicators for 2015/16 were 65%. Unverified data for 2016/17 showed this had improved to 69%. Exception reporting was 14.2%.

The practice continued to make regular contact with patients advising them to attend for regular checks and annual reviews. This would be verbally, telephone, text message or a letter invitation. The practice did not provide any action plan or any further evidence to support any improvement.

As an example, the current percentage of patients with chronic obstructive pulmonary disease (COPD) with an annual review was 87% which if this continued throughout the rest of the QOF year would be an improvement for 2017/18.

The practice had some issues with a lack of nursing time but the GP had been performing these reviews where the nurse was not available.

Requires improvement



Summary of findings

Areas for improvement

Action the service MUST take to improve

Ensure there are systems or processes in place that to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

- Review process and methods for identification of carers and the system for recording this to enable support and advice to be offered to those that require it.

Dr Joseph L Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Dr Joseph L Practice

Dr Joseph L Practice is situated in Grays opposite a college on a pedestrianised area. It has a level access entrance. There is a very small car park at the back of the practice. Grays railway station is a short walk away from the practice.

- The current list size of the practice is 2100. There are two GPs, one female and one male, although there is only ever one GP on the premises. There are two part-time female practice nurses and a number of other staff carrying out administrative duties.
- The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 9am to 11am and 4.20pm to 6pm Monday to Friday (except Thursday afternoon which is for emergencies only). The practice also provides minor surgery and joint injections.
- Thurrock Clinical Commissioning Group (CCG) has launched a weekend system called 'Thurrock Health Hubs'. Patients are able to book through the practice to see either a doctor or a nurse between 9.15am and 12.30pm at the weekend, at one of four 'hubs'.
- When the practice is closed patients are advised to call 111 if they require medical assistance and it cannot wait until the surgery reopens. The out of hour's service is provided by IC24.

Why we carried out this inspection

We undertook a comprehensive inspection Dr Joseph L Practice on 20 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall. However the practice was found to be requires improvement for providing caring services and requires improvement for the population group of patients with long term conditions. The full comprehensive report following the inspection on 20 September 2016 can be found by selecting the 'all reports' link for Dr Joseph L Practice on our website at www.cqc.org.uk.

We undertook a desk based review of Dr Joseph L Practice on 14 June 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care.

How we carried out this inspection

We carried out an announced desk based review of Dr Joseph L Practice on 20 July 2017. This involved reviewing evidence such as:

- Unverified QOF data for 2016/17.
- Patient survey data July 2017.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services caring?

Our findings

At our previous inspection on 20 September 2016, we rated the practice as requires improvement for providing caring services as data from the national GP patient survey, published in July 2016, showed patients rated the practice in line with others for several aspects of care but lower for others. For example the percentage of patients that said the last GP they saw was good at listening to them was 70% which was lower than the local and national averages. 90% of patients found the receptionists at the practice helpful which was in line with both the CCG and national averages. The practice had identified 19 carers which was 0.9% of the patient list.

These arrangements had not improved when we undertook a desk based review on 20 July 2017.

The practice remains rated as requires improvement for providing caring services.

Data from the July 2017 survey showed some improvements in some areas. For example:

- 73% (previously in 2016 70%) of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 87% (previously in 2016 85%) of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 92% (previously in 2016 90%) of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

However

- 75% (previously in 2016 79%) of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 86%.

- 60% (previously in 2016 66%) of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 86%.
- 75% (previously in 2016 78%) of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91%.

The practice told us that they were offering patients who felt they needed more time longer appointments by booking double appointment slots.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey, published in July 2017, showed patients' responses remained lower than local and national averages when responding to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 69% (previously in 2016 68%) of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and the national average of 86%.
- 63% (previously in 2016 67%) of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% national average of 82%.
- 72% (previously in 2016 79%) of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

The practice at the time of the desk based review had identified 17 carers which was 0.8% of the patient list. The practice told us that they continued to identify carers and reception staff were involved in coding the patients that they knew to be carers. The new patient registration form was to be updated. However it had not been at the time of this desk based review.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.</p> <p>How the regulation was not being met:</p> <p>The provider did not have effective systems and process in place to address the issues highlighted in the national GP patient survey in order to improve patient satisfaction in respect of appointment access and consultations with GPs and nurses.</p> <p>The provider had not fully acted on the previous inspection report from the Care Quality Commission.</p>